## **NOTICE OF VESSEL LIEN**

Office of the Secretary of the State

**MAILING ADDRESS:** 

Commercial Recording Division Connecticut Secretary of the State P.O. BOX 150470 Hartford, CT 06115-0470 860-509-6002 C.G.S. §49-55a

## **DELIVERY ADDRESS:**

Commercial Recording Division Connecticut Secretary of the State 30 Trinity Street Hartford, CT 06106 860-509-6002

REV 05/23/200

SPACE FOR OFFICE USE ONLY					Fee: \$25.00 File in Duplicate		
1. OWNER'S EXACT LEGAL NAME  IF LAST NAME FIRST NAME MIDDLE NAME SUFFIX							
IF INDIVIDUAL	LAST NAME	T NAME		FIRST NAME		MIDDLE NAME	
IF NAME ORGANIZATION							
MAILING ADDRESS (Street or P.O. Box) CITY		CITY	STATE		COUNTRY	Y POSTAL CODE	
2. CLAIMANT'S EXACT LEGAL NAME							
IF LAST NAME INDIVIDUAL			FIRST NAME		MIDDLE NAME S		SUFFIX
IF NAME ORGANIZATION							
		CITY		STATE	COUNTRY	POST	TAL CODE
3. NAME OF VESSEL 4. REG				STRATION NUMBER			
5. DESCRIPTION OF VESSEL AND NAME OF MANUFACTURER							
6. HULL NUMBER			7. REGISTRATION NUMBER				
8. TYPE OF PROPULSION							
9. LENGTH							
10. LOCATION OF VESSEL							
11. AMOUNT OF CLAIM							
12. BASIS OF CLAIM WITH DATES							
INTENDED (If applicable – at least 60 days next SALE succeeding filing of such notice)			TE OF SALE		PLACE OF SALE		
CLAIMANT'S SIGNATURE				]	DATE		